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Risk 718 - Failure to Undertake Proactive Health and Safety Management

Presenter: Mandy Rayani

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Appendix 1 Risk 718 Updated 201020



HEALTH & SAFETY ASSURANCE COMMITTEE PWYLLGOR ANSAWDD IECHYD A DIOGELWCH

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 November 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Risk 718 - Failure to Undertake Proactive Health and Safety Management
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Tim Harrison, Head of Health & Safety

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Risk 718 - Failure to undertake proactive health and safety management has been updated on 20th October 2020 following the last review in August 2020. The Committee requested a more in depth discussion around the content and background at the previous meeting held on 7th September 2020.

Cefndir / Background

Risk 718 (Appendix 1) was added to the Corporate Risk Register in November 2018 with the purpose of highlighting deficiencies of Health and Safety Management compliance. The risk centred on the lack of capacity within the Health and Safety Team to undertake health and safety departmental audits and other pro-active activities. At the time, the Team consisted of just two Health and Safety Managers and risk 718 was written to highlight the above concerns.

During 2019 approval to increase the Health and Safety Team resource was granted. In July 2019 the Health and Safety Executive (HSE) undertook their inspection and also highlighted similar concerns regarding the lack of audits and health and safety awareness training being undertaken. This resulted in enforcement action being taken and subsequently Risk 718 being amended to reflect the additional compliance issues.

Since November 2018 Risk 718 has evolved to reflect the above changes with an original risk score of 16 being applied.

Asesiad / Assessment

During February and March 2020, three additional members of staff were recruited into the Health, Safety & Security Team and the following actions have now been able to be implemented with their support. This is in addition to the work generated by COVID-19.

Health and Safety Audits

- 49 departmental audits have been completed since March 2020, each provided with their own action plan along and monitoring arrangement.

- More recently these visits have included Social Distance advice being provided.

Health and Safety Training

- Induction training for managers has been developed and delivered and this will continue to be rolled out during 2020/21 and beyond.
- This will include the model of introducing Health and Safety Departmental co-ordinators.

Control of Substance Hazardous to Health (COSHH) Compliance

- A COSHH database is being developed by the Health and Safety Department with the aim to improve the way in which information on hazardous substances is being stored. COSHH assessments are being generated and monitored by the newly appointed Health and Safety Adviser. Improvements to the safety of chemical storage at Prince Phillip Hospital Laboratory has also been achieved since March 2020, in addition to significant work related to respiratory protection against COVID-19.

Violence and Aggression Case Management

- The increase in resource has resulted in a significant improvement with regard support for staff following violence and aggression incidents. This particular area of work has been covered in previous reports to the Committee.

Datix Risk

- Directorate 'Health and Safety' themed risks are now routinely scrutinised by the Health and Safety Manager. Where necessary support is provided to the department regarding advice on appropriate control measures.

Risk Score

The original risk rating of 16 was based upon both the likelihood of enforcement action, increased risk of injury/ill health from poor compliance with hazardous substance as well as reliance on reacting to incidents rather than identifying workplace hazards prior to them becoming a risk.

As a consequence of the improvements achieved since 2018 and more recently since February 2020, the risk rating score has been reduced to 8.

Argymhelliad / Recommendation

The Health and Safety Assurance Committee is requested to acknowledge the work undertaken to date relating to Risk 718 Failure to undertake proactive health and safety management and to take assurance that compliance dates are being met.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

5.13 Provide assurance that risks relating to health, safety, security, fire and service/business interruption/disruption are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate), and provide assurance that effective risk assessments are undertaken and addressed.

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:

718 Risk Score 8

Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	Focus On What Matters To Patients, Service users, Their Families and Carers, and Our Staff
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across the UHB's services reviewed by risk leads/owners
Rhestr Termiau: Glossary of Terms:	Contained Within The Body Of The Report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Assurance Committee:	HSE Control Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	N/A
Cyfreithiol: Legal:	Health and Safety at Work Act

Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	Has EqIA screening been undertaken? No

Date Risk Identified:	Nov-18
Strategic Objective:	Health Board objectives 20/21 to be confirmed.

Executive Director Owner:	Rayani, Mandy	Date of Review:	Oct-20
Lead Committee:	Health and Safety Assurance Committee	Date of Next Review:	Dec-20

Risk ID:	718	Principal Risk Description:	There is a risk the UHB will face enforcement action under the Health and Safety at Work Act 1974 and subordinate regulations. This is caused by a failure to comply with legislation by not undertaking proactive health and safety (H&S) management (such as audits & inspections) and the ability to provide awareness training to managers. This could lead to an impact/affect on harm to patients, staff and the public, improvement notices, large fines and/or criminal prosecutions following HSE investigations, adverse publicity/reduction in stakeholder confidence.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)		<p>25 20 15 10 5 0</p> <p>43586 43678 43800 43862 43983 44044</p> <p>— Current Risk Score — Target Risk Score - - Tolerance Level</p>
Domain:	Statutory duty/inspections	
Inherent Risk Score (L x I):	4x4=16	
Current Risk Score (L x I):	2x4=8	
Target Risk Score (L x I):	2x4=8	
Tolerable Risk:	8	
Trend:		

Rationale for CURRENT Risk Score:
Significant work has been undertaken to address the 8 improvement notices and 13 material breaches received by the UHB in Jul19 following a planned HSE inspection. The UHB developed a number of action plans covering each of the improvement notices and material breaches. The Health and Safety and Security Team now have additional staff in place to assist with compliance against the HSE enforcement action. Improvements in violence and aggression management and the ability to audit departments is now being achieved. The work completed and outstanding actions are to be presented to the HASAC Sep20. In Mar20, Internal Audit undertook a review of health and safety and awarded a rating of 'Reasonable Assurance'.

Rationale for TARGET Risk Score:
Due to the scale, diversity and range of functions with health care, the inherent risk is high and therefore a reasonable level of risk rating has been considered as a score of 8. The additional staff and the focused work have reduced this risk to the target risk level.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
Health, Safety and Security Team now better resourced.
Datix Risk module in place. Datix Risk is now being reviewed and scrutinised by the H&S Team. Control measures are being evaluated and where necessary departments visited to establish if they provide the

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are	How and when the Gap in control be addressed	By Who	By When	Progress
H&S departmental champions/coordinators to advocate H&S throughout the organisation.	Develop and implement H&S Team workplan for 2020/21 which will address identified gaps in controls, eg, compliance with UHB H&S policies	Harrison, Tim	31/03/2021	Implementation of other HB H&S policies will form part of the H&S workplan for 2020/21 e.g. COSHH compliance
Limited environmental/personal				

<p>adequate level of protection for staff or others. Any concerns regarding controls to reduce the risks will be documented and monitored.</p> <p>H&S departmental audits that commenced March 2020. Planned annual programme in place.</p> <p>H&S policies and procedures are in place and are published on staff intranet.</p> <p>Incident/concerns investigations are undertaken. Support for victims of assault and follow up with potential prosecutions is now being undertaken by the V&A Case Manager.</p> <p>Incident/concerns follow-up to identify and address lessons learnt.</p> <p>Control of contractors has improved in accordance with compliance with the material breach</p>	<p>exposure monitoring (COSHH) is undertaken.</p>	<p>Implementation of action plans developed in response to HSE improvement notices and material breaches by 31/07/2019 to address gaps in respect of violence and aggression (V&A), accident investigation, manual handling (MH), LOLER, sharps and control of contractors. Extended Compliance for IN 4 (Health Records Manual Handling) and IN 5 (Laundry Manual Handling) by 27/11/20 and IN's 1,2,3,6,7,8 by 29/01/21</p>	Harrison, Tim	30/04/2020 31/07/2020	<p>Following meeting with the HSE, additional questions have been asked and these have been answered within the deadline date of 31/07/20. Extension to compliance dates granted. Action Plans have been updated with additional evidence of compliance. Control Group meeting 21/10/20</p>
		<p>Develop a model of introducing 'H&S Champions/Co-ordinators' into several departments during 2020/21 and provide training to identified departmental staff.</p>	Harrison, Tim	30/11/2020	<p>Model to be prepared for the Aug20 HASAC meeting. Model discussed in Managers Induction Training commenced 16/10/20</p>
		<p>H&S Adviser will be reviewing environmental/personal exposure monitoring during 2020/21 as part of the work plan to review COSHH compliance.</p>	Harrison, Tim	31/03/2021	<p>Commenced the COSHH compliance work. Currently improving the storage arrangements for hazardous chemicals in PPH pharmacy stores. COSHH training delivered as part of the Managers Induction 16/10/20</p>

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance <div></div> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress

	Incident and RIDDOR and progress against workplan reports to H&S/EP Sub-Committee	2nd			HSE Inspection Update Apr20 & Jun20	Lack of H&S related targets, KPIs and management objectives	H&S Team will gather data on the following and introduce additional KPIs for example: • Percentage of workforce trained in manual handling and fire safety awareness • Number of risk assessments reviewed as well as percentage of actions generated by risk assessment completed • Number of safety tours completed by Senior Manager	Harrison, Tim	30/09/2020	Included in H&S Team Workplan for 2020/21.
	3 x Control Groups to monitor delivery of actions developed in response to HSE improvement notices/material breaches	2nd					Members of each control group as well as various management teams will be responsible for implementing improvement measures and report progress at respective control groups.	Harrison, Tim	31/07/2020	TOR written for each Control Group. Each Group have met and progress noted with actions agreed. Hospital Management Groups also met to discuss concerns identified on their sites.
	Progress against HSE Improvement notices & material breaches to H&S Assurance Committee	2nd								
	IA report on Health and Safety Mar20 (Reasonable Rating)	3rd								
	8 x HSE Improvement notices plus 13 material breaches	3rd								